



RETURN HOME REGISTRY

REGISTRANT INFORMATION							
SUBJECT FULL NAME						DATE OF BIRTH	AGE
SEX	RACE	HEIGHT	WEIGHT	HAIR	EYES	NATIONALITY	
FACIAL HAIR		GLASSES		HEARING AID		RESIDENCE TYPE (HOUSE, APT, CARE FACILITY, ETC.)	
OCCUPATION/GRADE		DOES REGISTRANT DRIVE?				DRIVER'S LICENSE #	DL STATE
ALIAS(ES)							
EMAIL/SOCIAL MEDIA ACCOUNT(S)							
SCAR, MARK, OR TATOO		LOCATION ON BODY		DESCRIPTION			
ADDRESS				CITY, STATE ZIP		COUNTRY	
HOME							
WORK							
SCHOOL							
PREVIOUS							
PHONE NUMBER							
HOME							
MOBILE							
OTHER							
LANGUAGE(S) SPOKEN							
TRACKING DEVICE(S) (TYPE, BRAND, ETC.)							

VEHICLE INFORMATION				
PLATE NUMBER	STATE	YEAR	MAKE	MODEL
VEHICLE TYPE		BODY STYLE		COLOR
BICYCLE / BUS ACCESS / ADDITIONAL TRANSPORTATION INFORMATION				



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ADDITIONAL INFORMATION	
GONE MISSING BEFORE?	IF SO, WHERE WERE THEY FOUND?
CLOTHING STYLE	
KNOWN HANGOUTS	
INFORMATION SPECIFIC TO REGISTRANT (FAVORITE CLOTHING, ITEM ALWAYS WITH REGISTRANT, FASCINATION WITH SPECIFIC ITEMS OR LOCATIONS, SPECIAL INTERESTS, ETC.)	
ADDITIONAL NOTES (INCLUDING MEDICAL CONCERNS) *NOTE: THIS IS <u>NOT</u> A HIPAA PROTECTED DOCUMENT. INFORMATION WILL BE SHARED WITHIN THE POLICE DEPARTMENT AND WITH ANYONE ASSISTING IN THE SEARCH FOR THE SUBJECT AS DIRECTED BY THE IRVINE POLICE DEPARTMENT	

EMERGENCY CONTACT INFORMATION			
NAME		RELATIONSHIP TO REGISTRANT	
HOME ADDRESS		CITY, STATE ZIP	COUNTRY
PHONE TYPE	PHONE NUMBER	EMAIL ADDRESS	

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**\*\*\*\* PLEASE INCLUDE 2 PHOTOS OF THE REGISTRANT SUBJECT THAT ARE LESS THAN 30 DAYS OLD \*\*\*\***  
**THE FIRST PHOTO SHOULD BE A CLOSE UP OF THEIR FACE AND THE SECOND PHOTO SHOULD INCLUDE THEIR FULL BODY. RETURN THIS DOCUMENT AND PHOTOS TO THE IRVINE POLICE DEPARTMENT FRONT DESK, OR DESIGNATED IPD MEMBER FOR SPECIAL REGISTRATION EVENTS**